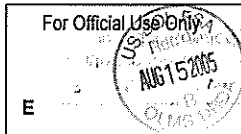


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7457</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>G</u> <u>Martinez, Jr.</u> P.O. Box, Bldg., Room No., if any <u>Suite 1357</u> Street <u>1111 W. Mockingbird Lane</u> City <u>Dallas</u> State <u>Texas</u> ZIP Code + 4 <u>75247-2807</u>	4. Name, file number, and address of labor organization. Name <u>Int'l Assoc. of Machinists & Aerospace Workers</u> Labor Organization File Number <u>000-107</u> P.O. Box, Building and Room Number, if any Street <u>9000 Machinists Place</u> City <u>Upper Marlboro</u> State <u>Maryland</u> ZIP Code + 4 <u>20772-2687</u>
5. Position in labor organization. <u>General Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>United States Sugar Corporation</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>111 Ponce De Leon Avenue</u> City <u>Clewiston</u> State <u>Florida</u> ZIP Code + 4 <u>33440</u>	7.a. Nature of Interest, Transaction, or Income. <u>IAM&AW represents employees of U.S. Sugar. Meeting in Tampa, Florida Meal discussing future of U.S. Sugar and meeting U.S. Sugar officials on March 18, 2004</u> 7.b. Amount. <u>\$71</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Robert G. Martinez Jr.</u>	On <u>7/7/2005</u> <u>214-638-6543</u> Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

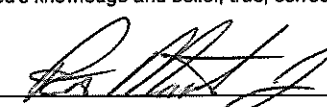
E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> Robert <input type="text"/> G <input type="text"/> Martinez, Jr. P.O. Box, Bldg., Room No., if any <input type="text"/> Suite 1357 Street <input type="text"/> 1111 W. Mockingbird Lane City <input type="text"/> Dallas State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 75247-2807	4. Name, file number, and address of labor organization. Name <input type="text"/> Int'l Assoc. of Machinists & Aerospace Workers Labor Organization File Number <input type="text"/> 000-107 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 9000 Machinists Place City <input type="text"/> Upper Marlboro State <input type="text"/> Maryland ZIP Code + 4 <input type="text"/> 20772-2687
5. Position in labor organization. <input type="text"/> General Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> United States Sugar Corporation Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 111 Ponce De Leon Avenue City <input type="text"/> Clewiston State <input type="text"/> Florida ZIP Code + 4 <input type="text"/> 33440	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> IAM&AW represents employees of U.S. Sugar. Meeting in Nashville, Tennessee and dinner discussing U.S. Sugar and High Performance Work Organization on April 29, 2004 7.b. Amount. <input type="text"/> \$43

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> 7/7/2005 <input type="text"/> 214-638-6543	Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.


E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing. Name <input type="text"/> Robert <input type="text"/> G <input type="text"/> Martinez, Jr. P.O. Box, Bldg., Room No., if any <input type="text"/> Suite 1357 Street <input type="text"/> 1111 W. Mockingbird Lane City <input type="text"/> Dallas State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 75247-2807	4. Name, file number, and address of labor organization. Name <input type="text"/> Int'l Assoc. of Machinists & Aerospace Workers Labor Organization File Number <input type="text"/> 000-107 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 9000 Machinists Place City <input type="text"/> Upper Marlboro State <input type="text"/> Maryland ZIP Code + 4 <input type="text"/> 20772-2687
5. Position in labor organization. <input type="text"/> General Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> United States Sugar Corporation Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 111 Ponce De Leon Avenue City <input type="text"/> Clewiston State <input type="text"/> Florida ZIP Code + 4 <input type="text"/> 33440	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> IAM&AW represents employees of U.S. Sugar. Meeting in Las Vegas, Nevada and dinner discussing future of U.S. Sugar and CAFTA on November 17, 2004 7.b. Amount. <input type="text"/> \$92

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> 7/7/2005	<input type="text"/> 214-638-6543
	Date	Telephone Number

Name of Person Filing Robert G. Martinez, Jr.	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Guerrieri, Edmond, Clayman & Bartos, PC</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any Ste. 700</p> <p>Street 1625 Massachusetts Avenue, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036-2243</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Law firm represents IAM&AW on various legal issues</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Received fruit basket on 12-28-04</p> <p>12.b. Amount. \$42</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing Robert G. Martinez, Jr.	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kelly Press</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 1701 Cabin Branch Drive</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Kelly Press prints various items for the IAM&AW</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Received country ham at Christmas 12-28-04</p> <p>12.b. Amount. \$67</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing Robert G. Martinez, Jr.	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IAM National Pension Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 1300 Connecticut Avenue, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Represents and maintains the IAM National Pension Fund</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner at Maisonette Restuarant in Cincinnatti, Ohio on September 18, 2004</p> <p>12.b. Amount. \$128</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p style="height: 150px;"></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Harbaugh Hotel Group</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1600 N. Indian Avenue</u></p> <p>City <u>Palm Springs</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92262</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Hotel group provides meeting and convention services to IAM.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>2/26/04 Fruit/cheese/wine basket and 8 bottled waters while attending IAM event at hotel.</u></p> <p>12.b. Amount. <u>\$50</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>